

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

S. 10/776 414

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	cancel					
21		1				
22		1				
23		1				
24		1				
25	cancel					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34	cancel					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	cancel					
42						
43						
44						
45						
46						
47						
48						
49						
50	cancel					
TOTAL IND.	5					
TOTAL DEP.	41					
TOTAL CLAIMS	46					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	cancel					
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65	1					
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73	1					
74	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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